

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

57023060
STATE FILE NUMBER 317
541 Registrar's No. 392

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jennings 4138 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. County Hosp Length of stay in lb 2 1/2 days		d. STREET ADDRESS (If outside, give location) 2443 Hord Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Arthur First Joseph Middle Kress Last Arthur J Kress		4. DATE OF DEATH Month 6 Day 1 Year 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1886 70
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Hand (Retired)		9b. KIND OF BUSINESS OR INDUSTRY Niedringhaus	
10a. BIRTHPLACE (City and state or country) Cape Girardeau, Mo		10b. CITIZEN OF WHAT COUNTRY? USA	
11. FATHER'S NAME Kress		12. MOTHER'S MAIDEN NAME Blattner	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		14. SOCIAL SECURITY NO. 488-07-1317	
15. INFORMANT Mrs. Clara Kress		Address 2443 Hord Avenue	
16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) Myocardial stenosis DUE TO (c) Rheumatic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: (a) 410X			
17. INTERVAL BETWEEN ONSET AND DEATH			
18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
19. TIME OF INJURY Hour 2 Month 3 Day 30 Year 57 a. m. 57 p. m.			
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20a. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20b. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Mo			
21. I attended the deceased from 3-30-57 to 6-1-57 and last saw her alive on 6-1-57 Death occurred at 2 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. E. Smith, M.D. (Degree or title)		22b. ADDRESS 601 So. Brentwood	
22c. DATE SIGNED June 4 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 4 1957	
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair Ave., St. Louis		25. DATE RECD. BY LOCAL REG. 6-7-57	
26. REGISTRAR'S SIGNATURE Hubert B. Donahue			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clement M. Mc*

Licensed Embalmer No. 3

P. O. Address *St. La*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING:
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.